

Healthy Youth in King County

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Thanks to Youth in Focus, Youth 'N Action and Wilderness Inner-city Leadership Development for the use of photographs from their programs.

Youth in Focus: Most of the photos in this publication (© Youth in Focus, 1999) were created by participants in Youth in Focus (YIF), a nonprofit photography mentoring program for teens. For five years YIF has shown young people how to use photography to explore and define their relationships with self, family, community, and culture. Public exhibition of their work validates young people as creative, articulate, and visionary members of the community. The sense of pride and accomplishment has a deep impact on their lives.

Youth in Focus runs a darkroom and gallery in Seattle's Columbia City neighborhood. Generous support from the community makes it possible for YIF to offer programs at no cost to participants. Youth are referred by youth workers, parents, and other concerned adults. In classes youth learn in small groups to handcraft black and white images from viewfinder to negatives and prints. Each student also meets one-on-one with an experienced photography mentor outside of class. The experience is transformative for youth and mentors alike. For more information contact: Youth in Focus, 3722 S. Hudson St, Seattle, WA 98118, (206) 723-1479, yif@speakeasy.org

Youth 'N Action is a youth-led group of youth activists whose focus is to bring youth issues to the attention of policy makers to promote understanding and action. The core group

includes honor students, young people who are currently incarcerated who have earned the opportunity to speak at schools and community forums. Others have been homeless or have experienced a life of fear and violence on the streets. Yet others come from countries outside the U.S. and speak of the challenges that come with fitting into a new culture. Some are facing recovery after substance abuse. One youth experienced a close friend brutally beaten for being gay. These youth bring a diversity of experience to their work together and share a common goal of strengthening their communities. Youth 'N Action is a part of the King County Youth Involvement Project. For more information contact: Youth 'N Action, (206) 296-4518.

Wilderness Inner-city Leadership Development (WILD) is a youth leadership development program run by the International District Housing Alliance. Youth ages 12-19 experience challenges of learning wilderness skills, such as rock climbing and kayaking and are then expected to make links to challenges in the urban environment. The curriculum juxtaposes environmental justice issues in both settings, building bridges across which youth increase their capacity to become agents for positive social change. Through skill-development and dialogue in the wilderness, youth are able to identify urban issues, particularly those special to the needs of Asian and Pacific Islander immigrant and refugee communities. They then carry out community projects that educate and involve community residents. In this way participating youth gain a sense of ownership and responsibility to the project and to the community. For more information contact: WILD, (206) 623-5132.



Table of Contents

	<i>Page</i>
Acknowledgements	iii
Executive Summary	vi
Recommendations	ix
Introduction:	
Thinking About Youth (Before They Become Youth)	xiv
Background for Using the Data	xvi
Part I: The Environment Where King County Youth Develop	
A Demographic Profile of Youth	2
Characteristics of Families and Communities	7
Characteristics of Schools	10
Part II: What Promotes Healthy Development and Protects Youth From Harm?	
Supporting Youth	18
Developmental Assets	26
Risk and Protective Factors	32
Examples of Positive Action	37

	<i>Page</i>
Part III: Health and Health Behavior	
Substance Use	46
Mental Health	54
Personal Safety	58
Violence and Crime	74
Sexual Activity and Reproductive Health	80
HIV/AIDS	88
Pregnancy, Birth, and Abortion	89
Physical Fitness and Nutrition	98
Hospitalization	100
Death	113
Part IV: The Use of Health Services by Youth	
Insurance Coverage	118
Physical Exams and Dental Visits	119
Health and Wellness Services	122
Homeless Shelters and Services	134

Executive Summary

Communities everywhere are looking for ways to ensure that children approach adolescence as healthy individuals and stay healthy into and throughout adulthood. Stable, nurturing families and strong supportive communities are crucial to meeting this goal. To help us know whether we are succeeding or not, this report, *Healthy Youth in King County*, provides a wide range of information on the health of youth and young adults living in King County.

This report is unlike most health reports. It takes an “upstream” approach, focusing on the factors in society, communities and families that shape health behaviors and health outcomes. It includes several types of information which have not been available in previous reports including: local measures of developmental assets and risk and protective factors, findings from national longitudinal studies and from evaluations of early interventions that increase protective factors in young children, and some new measures of mental health in our public school students. Staff of Public Health—Seattle & King County hope that this new information is particularly helpful. We invite youth, parents, community members, school and health officials to use all the information in this report in order to make a difference, either in continuing the progress toward better health or in meeting new and continuing challenges.

Healthy Youth in King County is divided into four sections:

- Part I: The Environment Where King County Youth Develop
- Part II: What Promotes Healthy Development and Protects From Harm?
- Part III: Health and Health Behavior
- Part IV: The Use of Health Services by Youth

Key Points include:

A review of local youth health and health behavior data shows some outstanding areas for concern:

- Youth¹ are increasingly involved in use of tobacco, alcohol and marijuana (pages 46-53).
- Injuries, especially from motor vehicle crashes, are a major cause of hospitalization and death for young people (pages 102, 103, 115, and 116); survey data show that a large percentage of youth, particularly older youth) are not regular users of car seatbelts, bike helmets, and life jackets (pages 67, 69, and 71).
- Sexual activity is common among our youth resulting in a variety of health-related problems: sexually-transmitted diseases are still common (chlamydia and gonorrhea, pages 86-87). Many sexually-active teens are engaging in unsafe sex (pages 82-83), are not using contraception (page 82-85) and are having unintended pregnancies (pages 95-97).
- Physical activity declines among youth as they progress through high school (page 98).

¹In general, the term *youth* applies to young people who are in middle or junior high school, high school, and the next few years. In the context of specific measures or data used in this report, the word *youth* refers specifically to young people 17 years or younger, while *young adult* is used for people age 18-24 years.

The social environment is an important determinant of these behaviors. Some of the conditions in the King County environment that shape the behaviors of our youth in negative ways are as follows:

- Poverty is a daily fact of life for many children, youth and families (pages 7-8) and is related to important social and educational outcomes. For example, teen birth rates are much higher in neighborhoods that are poor relative to higher income neighborhoods (page 92).
- About one out of five youth say they have experienced abuse or mistreatment by an adult (page 58). A few youth have become homeless as a result of abuse in their own homes (page 9).
- One out of ten Seattle high school youth have been forced into sexual intercourse (page 61) and about the same percentage of King County 8th grade youth have experienced unwanted “sexual touching” (page 60).
- Many youth experience or witness some form of harassment or discrimination in their schools and communities (pages 62-66).
- Guns are present in 30 % of homes that include youth age 13-17 years (page 78). Many youth say they have recently attacked someone with the intention to hurt them seriously (pages 74-75).

Building developmental assets in children is an effective community strategy to buffer social and economic problems in the environment. This assumption is based on evidence of a relationship between developmental assets and behavior. Generally, the more developmental assets youth have, the more likely they are to have positive or “thriving” behaviors and less likely to have “problem” behaviors.

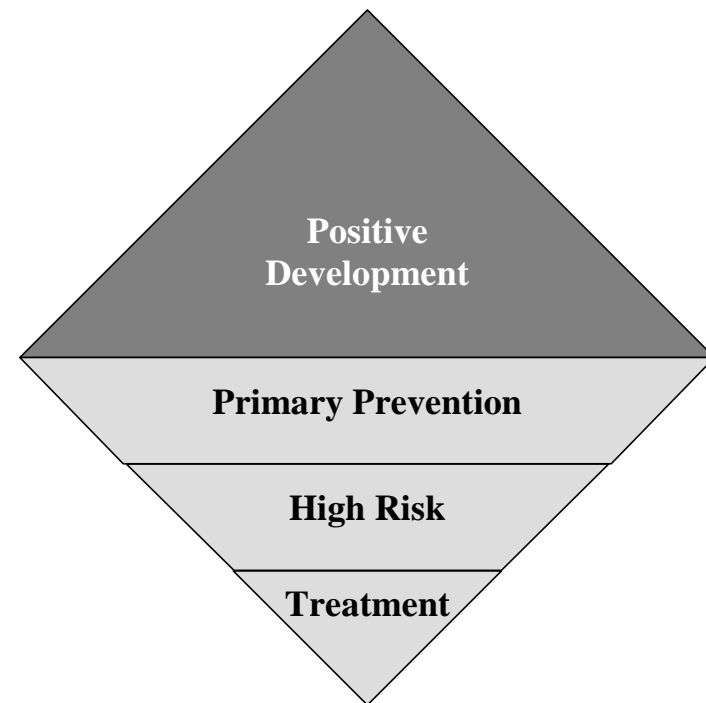
- “Developmental assets” (as measured in the Search Institute survey of youth in three King County school districts) include the following general categories: support, empowerment, boundaries and expectations, constructive use of time, commitment to learning, positive values, social competencies, and positive identity.
- The specific assets that are most commonly reported (pages 26-27) by King County youth are:
 - Family support: family life provides high levels of love and support;
 - Achievement motivation: motivated to do well in school;
 - Homework: doing at least one hour of homework every school day;
 - Integrity: acts on convictions and stands up for his or her beliefs;
 - Positive view of personal future: optimistic about his or her personal future.
- The specific assets that are least often reported (pages 26-27) are:
 - Community values youth: perceives that adults in the community value youth;

- Positive family communication: communicates positively and seeks advice;
 - Caring school: school provides a caring, encouraging environment;
 - Parent involvement in schooling;
 - Adult role models: parents and other adults model positive, responsible behavior;
 - Creative activities: youth spends three or more hours per week in lessons or practice in music, theater, or other arts.
- There is a relationship between developmental assets and youth behaviors; the more assets youth have, the less likely that they are to engage in risky behaviors (pages 30, 34, and 35) and the more likely they are to be involved in positive behaviors (pages 28-29). This suggests that assets “protect” youth from behaviors such as violence, poor school performance and doing dangerous things (page 31). (Existing research shows a statistical association, but we won’t know if assets cause behaviors until further research is carried out.).
- The supports (assets) that King County youth say they want and need from adults are *caring relationships, time to talk, confidential communications and services, opportunities to participate, and climates of respect* (pages 18-24).
- There are many examples of ways to build developmental assets in youth, both as individuals and as institutions (pages 37-41). We also have evidence from carefully evaluated interventions that building certain types of assets in infancy and young childhood can have an impact on behavior of those children many years later (pages 42-43).



Recommendations

Recommendations were generated in partnership with a group of youth advocates from communities throughout King County. The recommendations are therefore informed by the data in the report as well as the additional knowledge and insights brought to the discussion by these advocates. All recommendations fall within one of the following four categories:



Source: Graphic printed with permission of International Youth Foundation. Pittman, K. and Irby, M., 1998, Unfinished Business: Reflections on a Decade of Promoting Youth Development.



POSITIVE DEVELOPMENT

■ **Build a strong social and economic environment for families and children.**

Children need food, shelter, nurturing and support from birth through adolescence in order for healthy development to occur. Adequate family income and time for children are fundamental requirements, but parents need support from the larger community in order to provide these essential ingredients. Local, state and national policies should support:

- A living wage for all workers;
- Affordable health care for all people;
- Steps to reduce social and economic inequities so that all youth have hope for the future. Advocates for youth say that because of widening economic gaps, and the perception that money means both power and privilege, poor youth especially see a great distance between themselves and their peers. Some youth despair, feeling that their efforts are pointless, that their voices will not be heard, and that their voices are not important.
- Parenting training/education specifically for parents of adolescents and pre-adolescents with emphasis on building developmental assets in youth;
- Flexible work schedules for parents in order for them to attend teacher conferences and special events in their children's lives.

■ **Address adult perceptions of youth.**

A large percentage of youth believe that young people are not valued by the larger community. Individuals and organizations in communities need to examine their perceptions of youth and learn how youth can be resources within families and communities. All adults, including policy-makers, can become comfortable and respectful in communicating with young people. Media can reinforce a positive view of teens.

■ **Communicate with youth, involve them, and give them responsibilities in the community.**

Youth want to contribute to their communities but either do not feel welcome or do not know how to become involved in community projects and volunteer services. They want adults to make explicit invitations to young people in order to get them involved, first in planning and then in carrying out the work to be done.

■ **Organize and build a strong evidence base around assets in youth.**

Only a few communities in King County have organized to collect data on developmental assets or risk and protective factors in their youth. Each school district in the county can be encouraged and supported to carry out such a survey periodically so as to have a local profile of how well the community's youth are being supported by parents, teachers and other adults in the community and to monitor progress over time.

PRIMARY PREVENTION

■ Build a protective environment for children and youth.

Children and youth need a physical and social environment that discourages the development of unsafe and harmful behavior.

- Restrict access to weapons.
- Control tobacco advertising and pricing.
- Educate parents about the importance of modeling healthy behavior and actions as well as insisting that children use car seatbelts, bicycle and motorcycle helmets, and flotation devices (when boating).

■ Train elementary school teachers and parents to promote school bonding.

Local research (Hawkins et al, 1999) suggests that interventions provided to elementary school teachers, students and parents that increase school bonding and achievement succeed in putting children on a positive development course that continues through high school. In-service training can be provided to all elementary level teachers in methods of proactive classroom management, interactive teaching, cooperative learning, and other instructional methods that have been shown to increase school bonding and achievement. Leadership from school district superintendents, principals, boards of education, site councils and parent-teacher organizations, is important to the success of such a prevention strategy.

■ Strengthen life skills in children and youth.

Provide in-school and community-based programs to build emotional/social/life skills in all young people. The basic content could be lessons in empathy, cooperation, assertiveness, managing stress and anger, building friendship, analyzing media messages, controlling impulses, planning for the future. Participants will need opportunities to discuss the complexities that teens face in learning to make healthy decisions. Specific problems faced by teens such as harassment, drug and alcohol use, HIV/AIDS and other sexually-transmitted diseases, dating violence, forced sex, and school challenges could be used as case studies and in discussion to help teach these skills.

■ Support parents.

All parents/guardians need skills, tools and resources to help them support their families. Culturally appropriate and sensitive instruction in parenting should be available to anyone responsible for children, including non-English-speaking families.

HIGH RISK INTERVENTION

■ Identify and monitor children who show early signs of struggle.

There are early warning signals in formal public systems such as schools, child welfare offices, and health care institutions that indicate a child may be headed for trouble. All children need to be observed in early childhood by providers who are trained to recognize potential and actual emotional, mental and social problems and to make appropriate referrals. Special attention should be provided to young children who show developmental delays, poor school performance, impulsiveness, isolation, and grade retention and those who are involved with Child Protective Services. Older children can be identified by noting isolation and the following problem behaviors (Burt, Resnick and Novick, 1998):

- School-related problem behavior such as truancy, absenteeism, and behaviors leading to suspension or expulsion;
- Early sexual behavior;
- Running away from home (or from out-of-home placement);
- Early use of tobacco, alcohol, and other drugs; and
- Associating with delinquent peers, gang membership, and involvement in crime and violence.

■ Prepare all adults in schools to prevent and intervene in harassment incidents.

Qualitative data from the statewide Safe Schools Coalition give evidence that youth want school staff to take action that would discourage acts of bias. Community-school partnerships should arrange to train and support teachers, principals, and unclassified school staff to use every “teachable moment” to foster a climate

of respect and discourage acts of bias based on race or ethnicity, gender, religion, socioeconomic class, appearance, or perceived sexual orientation.

■ Strengthen relationships between health care providers and youth.

Young people often present to health care providers for physical problems when there are underlying social and emotional issues. Teens require time to talk. They require consistency and confidentiality in order to feel that providers can be trusted. The following steps can be taken:

- Staff school-based and school linked health centers and teen clinics fully and provide all providers and staff with adequate compensation and resources.
- Make culturally appropriate health services available for immigrant and non English-speaking youth.
- Influence managed care institutions and other health care institutions to support their providers in communicating competently and spending adequate time with youth in order for trusting relationships to develop. This, in turn, will encourage youth to reveal sensitive issues that are troubling them.

■ Investigate the needs of out-of-school youth.

Most of the information available about youth comes from surveys carried out in schools. Very little is known about the circumstances and needs of those young people who have dropped out of school. Assessing the training, housing, and health and social needs of these youth and young adults who have not been able to complete a high school diploma will inform local programs to meet their needs.

TREATMENT

- **Provide treatment for substance addiction in families, children, and youth.**

Parents who struggle with addiction have much more difficulty being supportive and responsible parents. Early addiction in children and youth may lead to lifelong addiction with serious long-term health and social consequences.

- **Support community-based juvenile offender programs that lower crime.**

As a result of recent legislation and administrative actions, juvenile courts in Washington State are now implementing programs designed for juvenile offenders that are shown to reduce criminality and to benefit taxpayers in terms of cost savings over incarceration. Family therapy and training to deal with aggression are interventions that might be used with local juvenile offenders so that they might become productive and fully participating citizens.

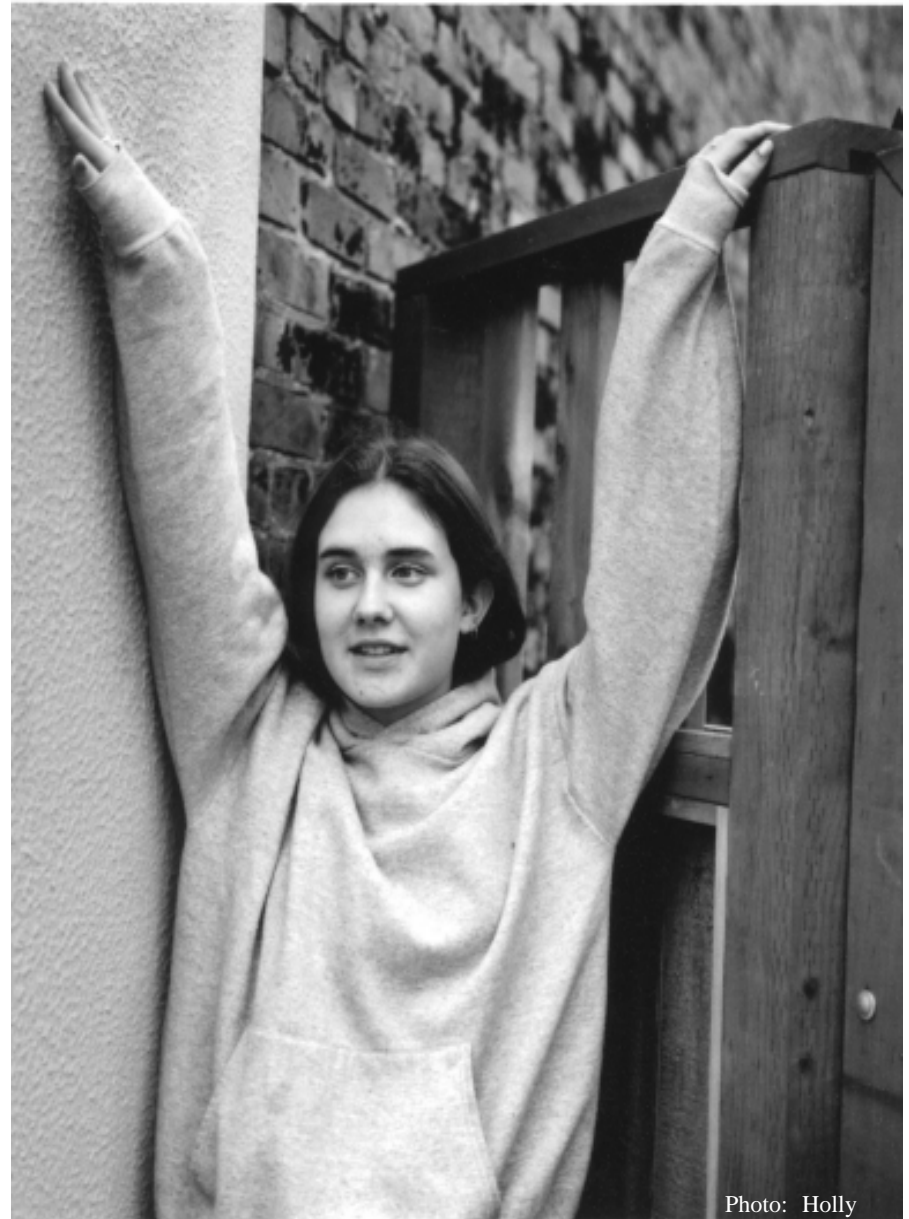


Photo: Holly

Introduction: Thinking About Youth (Before They Become Youth)

Communities will be better prepared and able to ensure positive development and to prevent problems in youth if they: 1) focus early in the lives of children, long before adolescence, and 2) effect policies that strengthen conditions in families, schools, neighborhoods and communities that in turn create and sustain the protective factors or developmental assets that all young people need. *Healthy Youth in King County* is intended to provide a context and information to help communities accomplish these things.

By incorporating a youth development approach into our understanding of risk during adolescence we refocus our attention on creating the *conditions* for healthy development. It also broadens our thinking to include strengths -- both individual and community -- as well as policy considerations.

Start Early

If we want to reach youth before certain behaviors become a certainty, we have to start early. Our goal is for children to enter adolescence as healthy persons. Nurturing, bonding, quality childcare and brain development experienced in infancy have profound effects on resiliency experienced in youth and adulthood. Successes in elementary school strongly affect learning motivation and school engagement during middle and high school.

We also need to be alert to early signs of problems and to pinpoint risky conditions in young children's lives so that trouble is only a probability, not a certainty. By starting earlier in the

developmental sequence, we accept that all children -- even "low risk" children and adolescents -- need support and guidance to bolster strengths, protect them against vulnerabilities, and foster positive development.

Approach Each Step Along the Causal Path

Just as the wellbeing of children depends on conditions within the family, the functioning of a family depends on conditions within the larger community. Social and economic forces in society, many affected by public policy, shape the family's ability to nurture a child emotionally and mentally, determine the family's and community's ability to provide money to support a child's physical, intellectual and social development, and influence levels of local support from individuals and institutions who assume responsibility for children and youth. Such societal forces include poverty, support for parents, early childhood education opportunities, family-friendly work benefits, cohesive neighborhoods, and more.

Specifically, parents, guardians, relatives, friends and neighbors are more able to be available, resourceful, and attentive to their own and other people's children if they:

- Earn livable incomes.
- Have sufficient time in their work schedules.
- Have self confidence and communication skills.
- Feel supported and connected to people and institutions around them.

If a child's family and community are able to provide many supports and protective factors but few risks, the child will likely exhibit positive or thriving behaviors--regular school attendance and strong academic performance, postponing sexual activity, little substance use, positive family interaction, involvement in community activities, high self-esteem and achievement motivation, and use of social and problem-solving skills. If, on the other hand, a child experiences too many risks in the family and community, the behaviors that emerge in adolescence will likely include problems--missing school, early sexual activity, use of tobacco, alcohol and other drugs, spending time with peers who are antisocial or delinquent, breaking away from home, and so on.

Negative outcomes show up during middle and high school and require major public health and other community resources. Consider the following:

- Drug treatment.
- Support through pregnancy and parenting.
- High school equivalency courses.
- Counseling for physical and sexual abuse, rape, and incest.
- Counseling and medication for depression and suicide.
- Health care for sexual and other diseases.
- Hospitalization for injuries.
- Guidance through juvenile detention and the criminal justice system.

While resources to respond to youth with these problems must always be available, policies and programs that prevent these problems from occurring in the first place need our attention and backing.

For too long, reports on the health of adolescents have focused primarily on negative outcomes and problem behaviors of individuals. This report, *Healthy Youth in King County*, attempts to give a more complete picture that encompasses some of the economic and environmental conditions at work in the lives of children and youth and some of the markers of early risks, such as child abuse and neglect and 4th grade achievement test scores. Parts I and II include information on some of the social determinants of health such as the economic conditions of families in communities, characteristics of school systems, and assets, risk and protective factors in families, schools and communities as well as their links with positive and negative behaviors. Part II also includes examples of actions that build and sustain developmental assets. Part III deals with the problems and negative outcomes that concern us all, and Part IV provides information on some of the health-related services provided to King County youth and who is taking advantage of them.



Photo: David

Introduction: Background for Using the Data

Who Might Use This Report? This data summary was prepared as a resource for anyone who is concerned with the healthy development of young people in King County. Parents, educators, youth advocates, service providers, planners, local government officials, and community activists all will find something useful. Effort has been taken to present the data in a simple, straightforward way. The intention is to make the data assessable and user-friendly.

Data Notes: "Data Notes" appear at the bottom of many pages when more explanation of the data is needed. Some Data Notes provide definitions of terms used in charts. Often, the Data Notes explain limitations in the usefulness or completeness of the data. While this data report has been checked for accuracy, some of the data are more useful, more reliable or more complete than others.

Data Sources: This report presents the most recent data available. When the only data source available for King County youth is a 1995 survey, it is included, despite the fact that more recent data would give us more confidence if it were available. School surveys are not carried out frequently or regularly in all school districts, so the behaviors reported from these surveys are limited to the schools and school districts that participated. Some questions that are asked in the Seattle School District survey are not asked in the survey that other districts use. The source for each piece of data in this report is given in small print at the bottom left corner of the page.

Data Presented by Different Age Groups: Different terms are used when referring to different age groups. In most tables, graphs, and charts, data are usually presented by two different age groups -- *Youth, Age 10-17* and *Young Adults, Age 18-24* -- or by grade level in school. In general discussions, *youth*, *young people* and *teens* are often used casually and interchangeably and refer to people who are roughly of an age to be in middle school, high school, or a few years beyond high school.

Data Presented by Geographic Area: Much of the data, particularly the trend data showing change over time, is presented by these areas: Seattle, King County outside Seattle, and King County as a whole. Other data are broken down by Health Planning Areas (map, page 4) or school districts (map, page 10). In 1995, the latest year for which any local data are available from youth health surveys, only five school districts participated. While these five are not representative of other school districts in King County, their results are included in the report. Hopefully, all local school districts will eventually decide to participate in upcoming surveys to provide a more accurate and representative profile of how King County youth are doing.

Data Presented as Rolling Averages: For populations of small size (American Indians in King County for example, or the number of child deaths in specific Health Planning Areas), small changes in the number of events will cause the rate to fluctuate significantly from year to year. To help stabilize the

rate and observe the overall time trend of an event, the rates are grouped into “rolled” averages, such as in 3-year or 5-year intervals, across the total observed period. A disadvantage of rolling averages is that they may mask the beginning of recent trends. Year-by-year trends are examined before computing rolling averages to ensure they accurately reflect the data.



Photo: Jason

